

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Feb. 3, 2020 Case Number: 20-166

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Augusta Forsee

Premise Name: MOUNTAIN VIEW ANIMAL HOSPITAL

Premise Address: 3975 N. BANK ST

City: KINGMAN State: AZ Zip Code: 86401

Telephone: 928 529-5252

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: LINDA Shuib.

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Telephone: _____

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

FEB 03 2020

BY: _____

C. PATIENT INFORMATION (1):

Name: Bob

Breed/Species: A RESCUE TERRIER/CAIRN MIX

Age: 7 yrs Sex: M Color: Med brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Low Cost Spay/Neuter Clinic
1707 Andy Devine Ave
Kingman AZ
928 692 5226

SEEN 8-29-2019 }
9-24-2019 }

DR TAYLOR } 1-23-2020
WILLIAMS } until present

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Lesley Mullen-Kingman

Holly Pierog - Kingman

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: L. O. Shumaker

Date: 1-29-2020

Jun 29, 2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

DR. FORSEE ordered prednisone and azathioprine for my dog-Bob. The diagnosis given at all times was anemia - specifically non-regenerative + regenerative. This doctor had an over reliance on her Lab tests since she did not discuss Bob's Health with me in that I was given no real time in her office. She did ^{not} want to discuss anything. It was her way or the highway. She kept referring to her dog who died with similar symptoms and insisted that ~~my~~ dog Bob would die if taken off prednisone. I learned later that prednisone - long term - requires blood sugar tests to prevent diabetes or liver damage and Bob was diagnosed as diabetic - never having that problem ever. I told doctor various times that Bob was having severe breathing + panting problems - especially at night - however doctor did not change or remove the medicines. On 3 occasions - I paid for LAB work but did not see the doctor due to her assistants telling me about emergencies at that time. This office is hugely quiet. Not busy and last visit on the JAN. 16 - this doctor did not call me back with Lab results. Also the Valley fever test was not ordered until 3 1/2 months since she started to see Bob - ~~my~~ dog. So on Thursday JAN 23 Bob was admitted to KIRKMAN SAY + NEWELL clinic whereby DR Williams said his levels from her blood tests were OFF THE CHARTS and immediately removed prednisone + azathioprine. Bob was able to return home late Friday with new medicines, they tested for Valley fever and he had a new diagnosis of DIABETES. I conclude that DR. FORSEE provided inferior care and I believe that my dog is alive ~~because~~ I took him to the SAY + NEWELL Hospital

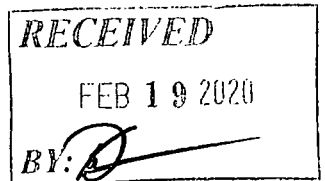
F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I request the Malpractice Insurance Company to give the name of and Reimbursement of ALL medical expenses. Also pain and suffering for my dog - Bob - and myself. This dog was slowly being poisoned over 3 1/2 months with a doctor who barely gave her time to properly evaluate and seemed more interested in payments for service in her office.

I have another appointment on Friday - Jan 31 with the doctors at KUGMAN SPAY + neuter Hospital.

Linda Shuili



I, Dr. Forsse, first met Ms. Shuibi and her Terrier Bob on October 9, 2019. Bob presented for acting lethargic. She had owned Bob for 3 yrs. He had some scabs on his tailhead area. The pet was taken to LCSN where he received Cefpodoxime for 3 weeks. Then he was placed on Galliprant for 2 weeks but owner stopped after a week because pet was doing poorly on it. He was currently eating Taste Of The Wild, salmon, filet mignon, chicken, broccoli, and beans. The owner thought pet had not been feeling well since Aug 29th. Owner gave Cefpodoxime 100mg that morning around 3:30am. She also stated he licks his paws. There was no sneezing, coughing, vomiting, or diarrhea.

On physical exam Bob had some patches and crusts over his dorsal rump and his left flank had a dark area with hair regrowth and he had evidence of licking his feet. He had some tartar on his teeth. The owner ok'd bloodwork. On the blood work he had a mildly decreased HCT at 34% and Low HGB with a leukocytosis. We discussed anemia (non-regenerative), ruling out autoimmune, infection, inflammation, toxin, etc. We also discussed ruling out dermatitis and allergies. I placed Bob on Famotidine 10mg in the am, Prednisone 5mg Bid for 8 days and then recheck bloodwork, and Amoxi/Clav 250mg - 1/2T PO BID for 10 days. The owner was to pick up the Famotidine OTC. I remember telling the owner that there are side effects to using steroids (cushings, diabetes, etc.) that Bob may experience increased hunger and thirst and some animals can be a little more anxious. Ms. Shuibi was asked to recheck a CBC in 1 week and she was advised that she would not have to pay another exam fee and that I would discuss the bloodwork with her either in the office or I could call her with results if she did not want to wait. Owner seemed pleased.

On 10/10/2019 my office emailed records per owner request and we in turn asked for a call with an update. The owner returned the call asking when to give the Pepcid – in the evening with the pred? Owner stated she was feeding 2x/day about the time of meds. Alicia, my receptionist, returned her call to advise her that Pepcid was am only and to call back with any questions.

On 10/18/2019 Ms. Shuibi presented Bob for his recheck CBC. His weight was 21.6#. I advised the owner in the office that the HCT was slightly better and that the increase in the WBC count is sometimes seen with anemias. We discussed that Bob was regenerating because his retics were high and that he seemed to be improving. We disc rule outs of IMHA/Autoimmune disease, atopy/allergy, and infection. We had a lengthy discussion regarding anemias and that sometimes we don't know why they happen. I explained to the owner that my dog was happy one day and pale as a ghost and dying the next. She had IMHA and did not make it through. The plan was to continue all medications and recheck a CBC in 1 week with a possible path review if continued change in cells. Again the owner was given the option at her next visit to just have a charge for the CBC and no O/C and I would either talk to her in person if she wanted to wait or I could call her depending on her schedule. Owner was given a copy of the results and she seemed pleased. The owner was called on 10/22/2019 for an update and she reported to Alicia my receptionist that the patient was back to normal, eating well and owner was pleased.

October 25, 2019 Bob presented for his 1 week recheck CBC. The owner reported to my technician the Bob seemed somewhat better but was very hungry all the time. Owner had been feeding lentils and spinach to help with Iron levels. Owner also stated that she gives CBD at night to relax pet as he gets anxious and paces. I went over the CBC with Ms. Shuibi in the office and explained that the HCT was slightly worse and that it was now non-regenerative with a decrease in platelets. I performed a slide to verify platelets and there were some verified but not many. We discussed non-regenerative anemias and low platelet counts and ruling out infections and autoimmune disease again. We discussed adding on Azothioprine as it sometimes helps with anemias and can help to reduce the steroids because of the

side effects. Also discussed with owner that I do not usually recommend CBD as there are no standards for dosing set by the AVMA. The plan was to recheck a CBC on November 5th. Owner was very concerned about Bob's wellbeing and QOL. I remember looking at his gums and they were slightly pale pink and he was BAR.

On 10/28/2019 my office called Ms. Shuibi around 9:43a for an update. She returned the call at around 10:33a and reported that Bob was doing good. She wanted to know what the Azathioprine was for. She was advised that I was in a room but that they would find out for her. Victoria called that owner back around 11:28a and informed her that the azathioprine was an immune suppressor per me, Dr. Forsse. Owner then asked what the prednisone was for – she asked why suppressant and steroid? Victoria advised owner she was unsure and would ask me – owner stated never mind. I signed off on the callbacks and forgot to call Ms. Shuibi to fully discuss the medications and reasonings.

On November 5, 2019 Bob came in for his CBC and weighed in at 21#. On the CBC there was now a decrease in the RBC's and the HCT was at 33%. Bob still seemed alert and happy with pink mucous membranes. His platelets were up and he was regenerating. We discussed in my office in person that Bob was regenerating and seemed to be doing better in that sense. I again went over anemia, infection, inflammation and recommended continuing meds. Ms. Shuibi stated she was giving a K9 Immunity product. During our discussion I advised the owner that supplements can sometimes interfere with meds. Owner seemed ok at the end of our discussion. Around 3:12p she called and asked about giving the K9 Immunity chews and if it was safe. She was advised it should be ok.

On November 19, 2019 Bob presented for his CBC which we went over in the office together. The anemia was worse and his White cell count was improved. He was still in the regenerative category. Ms. Shuibi stated he was active and on the Keto diet of Beef, apples, melon and liver for the iron. We discussed anemia again and I did discuss my dog that died of anemia and the vets never could figure out why. I just mentioned this to try to explain to Ms. Shuibi that sometimes we don't find out all the reasons. I recommended she add in a multivitamin and not reduce the pred yet and do a recheck again.

Ms Shuibi called on November 25, 2019 for a refill on her prednisone and said that Bob seemed to be doing well and was taking his meds well. Owner fed him Cream of Wheat at 10pm and then he fell fast asleep. She also stated she had gotten a good vitamin. She was going to have her friend Leslie pick up the meds for her.

On December 3, 2019 Bob presented for his CBC and weighed 20#. After going over the CBC and the decrease in HCT and RBC recommended increasing prednisone to 10 mg am and 5 mg pm and continue azathioprine. At this point we talked about autoimmune disease again and even a blood transfusion if things became worse. Recheck CBC in 1 week. Owner was always given the option to stay and discuss results or I could call her.

December 10, 2019 Bob presented for his CBC and weighed 20.2#. The CBC was basically the same as the previous visit. We discussed the multivitamin that the owner had been giving and that we should continue meds with 5mg Pred BID and 10mg Famotidine and 25mg azathioprine. Recheck in 2 weeks. We called for an update on December 11th and left a message.

December 26, 2019 Bob presented for recheck CBC with a weight of 20#. The bloodwork showed a slight improvement as we discussed in person leaning meds at current dose. Ms. Shuibi was concerned about vaccine updates and I advised her to wait on all vaccines. She informed me that she was giving a 5mg multivitamin and primarily beef, veggies, brown rice and minimal kibble- about 1/4c a day. We discussed a recheck in 3 weeks. December 30, 2019 Ms. Shuibi called requesting refills. She was going to have her cousin Leslie Mullen pick up her meds. She scheduled her CBC recheck for 1/16/2020 – owner seemed pleased.

On January 16, 2020 Bob came in for his CBC recheck and weighed 19.6#. I was unavailable to talk to Ms. Shuibi – I believe I was heavily booked that day and dealing with an emergency. The receptionists asked the owner if I could call her with results and she seemed fine with that. The CBC

looked not any better when I glanced at it around 10:30p that night. On the next morning Ms. Shuibi called about the blood work and that she had not received a call and was very abrupt and hung up. I called her at around 11:19am and explained to her that we (I) were not available until 10:30p yesterday. I apologized for not calling and having her wait for her results, but asked her to be kind to my staff as it was not their fault I had not called yet. I advised Ms. Shuibi of the results and that we should go back up slightly on the pred and that we should add in Doxycycline and continue all other meds. I recommended a recheck in 2 weeks and asked the owner to think about checking a Valley Fever test.

Ms. Shuibi was called on January 30, 2020 to confirm her appointment on 1/31/2020 and she advised my staff that she would be canceling her appointment and that Bob would no longer be coming to our office. That evening after I finished with my appointment, I tried to call Ms. Shuibi and I had to leave a message. I explained why we should rule out Valley Fever and what it was. I explained that in some rare cases it has been associated with anemias. Also advise d owner that we understood if he wanted to pursue care elsewhere and I thanked her for letting us care for Bob and that I would be happy to forward records for her.

Augusta M. Jones, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
William Hamilton
Brian Sidaway, DVM

STAFF MEMBERS PRESENT: Tracy A. Riendeau, CVT
Marc Harris, Assistant Attorney General

RE: Case: 20-66
Complainant(s): Linda Shuibi
Respondent(s): Augusta Forse, DVM (License: 4997)

SUMMARY:

Complaint Received at Board Office: 2/3/20
Committee Discussion: 6/2/20
Board IIR: 7/15/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On October 9, 2019, "Bob," a 7-year-old male Carin terrier mix was presented to Respondent for lethargy. Blood work was performed and revealed the dog was anemic. Respondent prescribed prednisone, famotidine, azothioprine and an antibiotic. Recheck CBCs were performed periodically.

On January 23, 2020, due to no improvement, the dog was presented to Low Cost Spay Neuter Clinic for a second opinion. Diagnostics were performed; based on the blood work results, the dog was hospitalized overnight for treatment and additional testing. Dr. Williams working diagnoses were infection of unknown origin, pancreatitis/cholangiohepatitis, possible valley fever, regenerative anemia and diabetes.

Complainant was noticed and did not appear.
Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Linda Shuibi*
- Respondent(s) narrative/medical record: *Augusta Forsse, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Taylor Williams, DVM – Low Cost Spay Neuter Clinic*

PROPOSED 'FINDINGS of FACT':

1. On October 9, 2019, the dog was presented to Respondent due to lethargy. Upon exam, the dog had a weight = 21.8 pounds, a temperature = 102.1 degrees, a heart rate = 100bpm and a respiration rate = 44rpm; BCS 6/9. Respondent noted that the dog was slightly obtunded and had dry patches/crusts over dorsal rump/left flank area. Complainant reported that the dog licks his feet. Blood work was performed and revealed the following abnormalities:

Alk Phos	221	23 – 212
HCT	34	37.3 – 61.7
HGB	12.8	13.1 – 20.5
MCV	52.6	61.6 – 73.5
MCH	19.8	21.2 – 25.9
RETIC-HGB	19.1	22.3 – 29.6
WBC	19.45	5.05 – 16.76
NEUTS	15.15	2.95 – 11.64
MONOS	1.98	0.16 – 1.12
MPV	16.4	8.7 – 13.2

2. Respondent's assessment was non-regenerative anemia; rule-outs were autoimmune, infection, toxin, etc. The dog was discharged with the following and was to recheck in one week:

- Prednisone 5mg, 30 tablets; give one tablet orally twice a day;
- Amoxi/Clav 250mg, 10 tablets; give ½ tablet orally twice a day; and
- Famotidine 20mg (Pepcid; over-the-counter); give ½ tablet orally in the morning before food and medications.

3. On October 18, 2019, blood was collected for recheck CBC. The following was revealed:

HCT	35.3	37.3 – 61.7
MCV	56.1	61.6 – 73.5
MCH	20.8	21.2 – 25.9
RDW	26.6	13.6 – 21.7
RETIC	234	10 – 110
WBC	29.64	5.05 – 16.76
NEUTS	21.42	2.95 – 11.64
LYMPHS	5.11	1.05 – 5.10
MONOS	2.34	0.16 – 1.12
MPV	16	8.7 – 13.2

4. Respondent's assessment was IMHA, autoimmune disease, atopy, and infection. She discussed with Complainant that the dog's regenerative anemia appeared to be improving and

recommended rechecking CBC in one week and continue with the current treatment.

5. On October 22, 2019, Complainant reported that the dog was back to normal; was eating well.

6. On October 25, 2019, the dog was presented to Respondent for a CBC recheck. The dog had a weight = 21.8 pounds. Complainant advised staff that the dog seemed somewhat better, but was always hungry. She was feeding the dog lentils and spinach, as well as administering CBD at night to relax the dog as he got anxious and paces. Recheck CBC revealed (these results came from Dr. Williams submission):

HCT	34.2	37.3 – 61.7
HGB	12.4	13.1 – 20.5
MCV	58.7	61.6 – 73.5
RDW	27.9	13.6 – 21.7
WBC	35.55	5.05 – 16.76
NEUTS	28.39	2.95 – 11.64
LYMPHS	4.70	1.05 – 5.10
MONOS	3.39	0.16 – 1.12
PLT	8	148 – 484
PCT	.01	0.14 – 0.46

7. Respondent discussed the results with Complainant that the HCT was slightly worse and now the platelets were decreased. She performed a slide to verify platelets and there were some verified but not many; and discussed ruling out infections and autoimmune disease again. They also discussed adding Azathioprine as it sometimes helps with anemias and can help reduce steroids and their side effects. Respondent stated in her narrative that she looked at the dog's mucous membranes, and noted they were slightly pale pink. The plan was to recheck a CBC the following week. The dog was discharged with the following:

- a. Azathioprine 50mg, 8 tablets; give ½ tablet orally once daily; and
- b. Prednisone 5mg, 30 tablets; give 1 tablet orally twice daily.

8. On November 5, 2019, the dog was presented to Respondent for a recheck CBC; weight = 21 pounds. Abnormal results were:

RBC	5.25	5.65 – 8.87
HCT	33.1	37.3 – 61.7
HGB	12.1	13.1 – 20.5
RDW	27.9	13.6 – 21.7
RETIC	141.8	10 – 110
WBC	50.30	5.05 – 16.76
NEUTS	39.64	2.95 – 11.64
BAND	SUSPECTED	
LYMPHS	5.97	1.05 – 5.10
MONOS	4.25	0.16 – 1.12
PLT	42	148 – 484
MPV	15.5	8.7 – 13.2
PCT	0.07	0.14 – 0.46

9. Respondent stated that the dog appeared alert and happy with pink mucous membranes. The platelets were up and regenerating. Respondent went over with Complainant the dog's anemia, infection, inflammation and recommended continuing medications. Complainant advised that she was giving the dog a K9 immunity product therefore Respondent warned that supplements can at times interfere with medications. Prednisone and azathioprine were refilled and the dog was discharged.

10. On November 19, 2019, the dog was presented to Respondent for a recheck CBC; weight = 20.4 pounds. Abnormal results were:

RBC	4.27	5.85 – 8.87
HCT	30.8	37.3 – 61.7
HGB	10.6	13.1 – 20.5
RDW	26.3	13.6 – 21.7
NEUTS	29.61	2.95 – 11.84
BAND	SUSPECTED	
MONOS	2.76	0.16 – 1.12
EOS	0.04	0.06 – 1.23
MPV	14.9	8.7 – 13.2

11. Respondent stated that she discussed the results with Complainant. Complainant advised her that the dog was active at home. Respondent recommended starting the dog on a multivitamin and she did not want to decrease the prednisone; recheck CBC again in a couple weeks.

12. On November 25, 2019, Complainant requested a refill of prednisone.

13. On December 3, 2019, the dog was presented to Respondent for a CBC recheck; weight = 20 pounds. Blood was collected and abnormal results were:

RBC	4.25	5.85 – 8.87
HCT	29.4	37.3 – 61.7
HGB	10.7	13.1 – 20.5
RETIC	138.1	10 – 110
WBC	33.50	5.05 – 16.76
NEUTS	28.73	2.95 – 11.84
MONOS	2.56	0.16 – 1.12
EOS	0.00	0.06 – 1.23
MPV	13.8	8.7 – 13.2

14. Respondent discussed the results with Complainant and recommended increasing prednisone to 10mg in the morning and 5mg in the evening and to continue azathioprine. They discussed autoimmune disease again as well as a blood transfusion if things became worse. The dog was to return in one week for a recheck CBC.

15. On December 10, 2019, the dog was presented to Respondent for a CBC recheck; weight = 20.2 pounds. Results were:

RBC	4.07	5.85 – 8.87
HCT	29.5	37.3 – 61.7

HGB	10.3	13.1 – 20.5
RETIC	241.4	10 - 110
WBC	53.45	5.05 – 16.76
NEUTS	39.81	2.95 – 11.84
BANDS	SUSPECTED	
MONOS	4.59	0.16 – 1.12
EOS	0.02	0.06 – 1.23

16. Respondent advised Complainant to continue on all medications (prednisone 5mg twice daily) and recheck in 2 weeks.

17. On December 26, 2019, the dog was presented to Respondent for a recheck CBC; weight = 20 pounds. Abnormal results were:

RBC	4.57	5.85 – 8.87
HCT	32.4	37.3 – 61.7
HGB	12.0	13.1 – 20.5
MCH	26.3	21.2 – 25.9
RETIC	128.4	10 - 110
WBC	48.49	5.05 – 16.76
NEUTS	40.86	2.95 – 11.84
MONOS	4.09	0.16 – 1.12
EOS	0.01	0.06 – 1.23
PLT	518	148 - 484
PCT	0.63	0.14 – 0.46

18. Respondent advised Complainant to continue medications and recheck CBC in 3 weeks.

19. On December 30, 2019, Complainant requested refills of prednisone and azathioprine.

20. On January 16, 2020, the dog was presented to Respondent for blood collection for CBC; weight = 19.6 pounds. Results as follows:

RBC	4.37	5.85 – 8.87
HCT	31.0	37.3 – 61.7
HGB	11.3	13.1 – 20.5
WBC	50.03	5.05 – 16.76
NEUTS	42.37	2.95 – 11.84
MONOS	4.25	0.16 – 1.12
EOS	0.01	0.06 – 1.23
BASO	0.16	0.00 – 0.10
PCT	0.51	0.14 – 0.46

21. On January 17, 2020, Complainant called Respondent's premises wanting the blood results as Respondent did not call her. Respondent returned the call, apologized for not calling sooner, and discussed the results of the CBC. She recommended increasing prednisone to 1.5 tablets twice a day, adding doxycycline and continuing azathioprine. The medications were refilled and doxycycline 100mg, 14 tablets; ½ tablet by mouth twice a day was added. The dog was to return in 2 weeks for recheck CBC and possibly Valley Fever.

22. On January 23, 2020, the dog was presented to Dr. Williams at Low Cost Spay Neuter Clinic for a second opinion. According to Dr. Williams, Complainant did not understand why her dog was on prednisone, azathioprine and doxycycline but knew Respondent was checking blood work routinely and then changing doses. She further stated that Respondent had no other options for treatment at that time other than the medications being given. Complainant felt the dog was continuing to get worse and was concerned he was going to die.

23. Dr. Williams examined the dog and reviewed the CBCs that Complainant brought with her to the appointment. She performed a full CBC and chemistry panel in house as well as thoracic radiographs and sent a valley fever titer to an outside lab. Nothing significant was noted on the radiographs. Blood work severe regenerative anemia severe toxic neutrophilia, severe monocytosis, adequate platelets, hyperglycemia, increased ALT, GGT, TBILI, CHOL, and hyperlipidemia. The ALK PHOS would not read on the in house blood machine. Dr. Williams discussed the progressing anemia with Complainant, the continual increase of WBC and monocytes being indicative of infection or inflammation. Based on the blood work, Dr. Williams advised that she was more worried about infection since the prednisone should be causing the inflammation or IMHA to improve. She further advised that high doses of steroids can have side effects such as Cushing's and diabetes. Due to the hyperglycemia, Dr. Williams wanted to start the dog on insulin and monitor once off the steroids. Additionally, with the high lipase, liver and bilirubin values, she was concerned about possible pancreatitis.

24. Dr. Williams recommended hospitalizing the dog on IV antibiotics overnight to get the infection/inflammation under control, stop steroids, and start on liver protectants. A CBC would then be rechecked in the morning to determine if the dog was responding to the antibiotics. Dr. Williams also wanted to start the dog on insulin and perform a glucose curve. Her diagnoses at that time were infection of unknown origin, pancreatitis/cholangiohepatitis, possible valley fever, regenerative anemia, and diabetes. Complainant approved the dog to be hospitalized overnight.

25. The dog was hospitalized for treatment and was administered Baytil, Vetsulin, unasyn, fluconazole, Denamarin, Vitamin E and NaCl 9% fluids.

26. On January 24, 2020, the dog was doing well, medications were continued and a glucose curve was performed and revealed the insulin dose was adequate. A repeat CBC was ran in the afternoon and showed improvement with neutrophilia and monocytosis decreased by half. Due to the pet doing well, he was discharged to Complainant for the weekend with a libre freestyle monitor to check glucose levels. Prednisone was discontinued and doxycycline was continued. The dog's breathing issues were attributed to the dog being overweight or the unknown infection, however valley fever was being ruled out (came back negative).

27. On January 30, 2019, a recheck CBC was performed and showed improvement with anemia, decreased WBC, monocytosis almost resolved, and the dog was showing signs of improving with being more active at home. A glucose curve was also performed and reading showed no increase over 150, therefore Complainant was instructed to discontinue insulin but continue testing levels at home.

28. Dr. Williams stated that over the next 3 days, Complainant emailed the clinic with sporadic glucose readings which were consistently within normal limits.

COMMITTEE DISCUSSION:

The Committee discussed that they had many concerns with the case. They felt that Respondent did not attempt to obtain a diagnosis and was only treating the blood work. Respondent admitted the dog was not examined therefore she missed an opportunity to identify signs such as jaundice, bleeding gums, etc.

The Committee had concerns with the use of Azothioprine being a chemo-theroputic drug and the potential to create significant side effects in terms of liver function; the medication can be worse than the disease itself. When using that type of medication, performing chemistry panels would be the standard of care. Additionally, with the high use of steroids, there could be some liver dysfunction that should be monitored. No imaging was performed to potentially help identify the source of the blood loss. Generally evidence is needed to treat IMHA by having a pathologist review cell types such as spherocytes or perform an in-house slide agglutination test – none of which were done.

Respondent did not rule-out Valley Fever, Tick Fever or neoplasia. Respondent did not establish a diagnosis; anemia can be caused by many disease processes. Respondent believed she was treating IMHA based on her choice of treatment; these cases are generally profoundly anemia and profoundly regenerative initially. Therefore IMHA did not seem to fit and the medication treatment was misplaced.

The increased WBC can be seen with IMHA but there was no other evidence to support that diagnosis. There could have been an underlying infection occurring that was not being treated that should have been. Respondent should have offered additional diagnostics or consulted with a specialist.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professionally acceptable procedures for not performing examinations on the dog when presented on 10/18/19, 10/25/19, 11/5/19, 11/19/19, 12/3/19, 12/10/19, 12/26/19, and 1/16/20.

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (3) for failure to seek consultation or referral to enhance the quality of veterinary care.

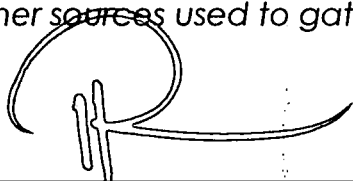
ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professional acceptable procedures by not repeating or recommending a blood chemistry panel

after initiation of treatment, or dosage changes, of immunosuppressive drugs.

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professional procedures by not establishing a diagnosis prior to treating the dog with chemotherapeutic drugs without further diagnostics to determine the cause of the dog's anemia, and without evidence or identification of spherocytes.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET FAX (602) 364-1039

CERTIFIED MAIL
9489009000276265240553

August 24, 2020

Augusta Forsse, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 20-66 - In Re: Augusta Forsse, DVM

Dear Dr. Forsse:

At its meeting on August 19, 2020, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case opened by the Board regarding a complaint filed by Ms. Linda Shuibi.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to ensure that examinations are consistently performed on animals presented to you for care.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

A handwritten signature in cursive script that reads "Victoria Whitmore".

Victoria Whitmore
Executive Director

cc: Linda Shuibi
David Stoll, Esq.



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the August 19, 2020 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an informal interview in Case 20-66, In Re: Augusta Forse, DVM.

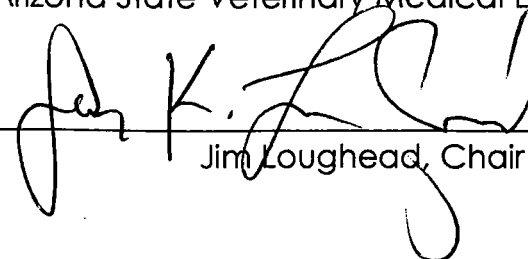
The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

1. ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professionally acceptable procedures for not performing examinations on the dog when presented on 10/18/19, 10/25/19, 11/5/19, 11/19/19, 12/3/19, 12/10/19, 12/26/19, and 1/16/20.
2. ARS § 32-2232 (12) as it relates to AAC R3-11-501 (3) for failure to seek consultation or referral to enhance the quality of veterinary care.
3. ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professional acceptable procedures by not repeating or recommending a blood chemistry panel after initiation of treatment, or dosage changes, of immunosuppressive drugs.
4. ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professional procedures by not establishing a diagnosis prior to treating the dog with chemotherapeutic drugs without further diagnostics to determine the cause of the dog's anemia, and without evidence or identification of spherocytes.

Following the informal interview with Respondent, the Board did felt Respondent gave reasonable scientific reasons and rationale in response to the Committee's recommendations. Additionally, she has made adjustments to her premises policies and procedures to improve documentation in medical records and patient care.

Respectfully submitted this 16TH day of September, 2020.

Arizona State Veterinary Medical Examining Board


Jim Loughhead, Chair